PTO/SB/01A (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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## **DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	Pharmaceutical	Salts of Reboxetine								
As the below named inventor(s), I/we declare that:										
This declara	ation is directed to	<b>o</b> :								
The attached application, or										
		Application No.	, filed on	,						
		as amended on		(if applicable);						
I/we believe sought;	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;									
	eviewed and und t specifically refer		bove-identified application, includ	ing the claims, as amended by any						
material to became av	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.									
to be true, a punishable	and further that th	ese statements were made v	e, all statements made herein on in with the knowledge that willful false S.C. 1001, and may jeopardize the	nformation and belief are believed e statements and the like are validity of the application or any						
	E OF INVENTOR  Annalisa Airol	` '								
Signature:	ne: Annalisa Airol	ise Ainold	Citizen of:	Italy						
Inventor tw	o:_Alessando Ma	artini								
Signature: X Aleund Mad Citizen of: Italy										
Inventor the	ree: Massimo Za	mpieri								
Signature:	× Andr	en Holan	Citizen of:	Italy						
Inventor for	7 ,									
Signature:			Citizen of:	<del></del>						
Addit	tional inventors or a	legal representative are being n	amed on	additional form(s) attached hereto.						

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Annalisa Airoldi, et al.
Title	Pharmaceutical Salts of Reboxetine
Art Unit	
Examiner Name	
Attorney Docket Number	PC27270A

I her	eby revoke al	l previo	us powers of attorney give	ven in the	above-i	de	entified applica	tion.			
I her	eby appoint:										
<b>'</b>	Practitioners associated with the Customer Number:				28880						
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	Firm or Individual	Name	David R. Kurlandsky								
	Address	<u> </u>	Warner-Lambert Compa 2800 Plymouth Road	any LLC							
	City	_	Ann Arbor		State	9	Michigan		Zip 48105		
	Country		U.S.A								
	Telephone		734-622-7304		Fax		734-622-2928	-2928			
I am	the: Applicant/Inv	entor.									
	Assignee of r Statement un	ecord of oder 37 C	the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. <i>PTO/SB/</i> 96,	)						
			SIGNATURE of	Applicant of	or Assigne	ee	of Record				
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NOTE signat	: Signatures of all to ture is required, see	he invento below*.	rs or assignees of record of the ent	ire interest or	their repres	en	tative(s) are required	d. Submit mu	ıltiple for	rms if more than	one
	*Total of		forms are submitted.								

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POWER OF ATTORNEY	Filing Date				
and CORRESPONDENCE ADDRESS	First Named Inventor	Annalisa Airoldi, et al.			
	Title	Pharmaceutical Salts of Reboxetine			
·	Art Unit				
INDICATION FORM	Examiner Name				
	Attorney Docket Number	PC27270A			

I her	eby revoke al	l previo	us powers of attorney given	ven in th	ne above-id	lent	tified applica	tion.				
I her	I hereby appoint:											
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	Practitioner(s) named below:											
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~	The address	associa	ted with Customer Number:		28880							
	Firm or Individual	Name	David R. Kurlandsky									
	Address		Warner-Lambert Compa 2800 Plymouth Road	any LLC	;							
	City		Ann Arbor		State	M	/lichigan		Zip 48105			
	Country		U.S.A									
	Telephone		734-622-7304		Fax	7	34-622-2928	<u> </u>				
l am	the: Applicant/Inve	entor.										
	Assignee of r Statement un	ecord of oder 37 C	the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. <i>PTO/SB/</i>	96)							
			SIGNATURE of	Applicar	nt or Assigne	e of	f Record					
Signa	ature	XA	walso Ando	C				Date	July	13,	2006	
Name	e	Annali	sa Airoldi				T	elephone	V			
Title	and Company	Scient	ist									
NOTE	E: Signatures of all to ture is required, see	he invento below*.	rs or assignees of record of the ent	ire interest	or their represe	entati	ive(s) are required	d. Submit m	ultiple for	ns if m	ore than o	one
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Application Number	
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First Named Inventor	Annalisa Airoldi, et al.
Title	Pharmaceutical Salts of Reboxetine
Art Unit	
Examiner Name	
Attorney Docket Number	PC27270A

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I he	reby revoke al	I previo	ous powers of attorney give	ven in the	above-id	entified appli	cation.			
I he	reby appoint:									
<b>~</b>	Practitioners as	with the Customer Number:	2	28880						
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$\Box$	Firm or Individual	Name	David R. Kurlandsky							
	Address		Warner-Lambert Compa	anv LLC			-			
			2800 Plymouth Road	,						
	City		Ann Arbor		State Michigan Zi			Zip 48105		
	Country		U.S.A							
	Telephone		734-622-7304		Fax	734-622-29	2-2928			
l am	the: Applicant/Inv	entor.								
			the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form		)					
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	*Total of		forms are submitted.							

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